

PERSONAL ACTION PLAN FOR: _____ **DATE:** _____

My reliever medicine is called: _____

My preventer medicine is called: _____

MY ASTHMA TRIGGERS ARE:

* Asthma control may be measured using symptom control, a peak flow meter, or a combination of both.

<p>Green Level: Well-Controlled Asthma*</p> <ul style="list-style-type: none"> • Normal breathing • No cough or wheeze • Normal activity • Normal sleep • Seldom need extra reliever inhaler <hr/> <p>Peak Flow Reading: _____ to _____ (80% - 100% of personal best)</p>	<p>What should I do?</p> <ul style="list-style-type: none"> • Use regular medicine • Avoid triggers <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Amount</th> <th style="text-align: center;">How Often</th> </tr> </thead> <tbody> <tr> <td>Preventer:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Reliever:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Check my peak flow reading: _____ times per _____ (day/week).</p>		Amount	How Often	Preventer:	_____	_____	Reliever:	_____	_____
	Amount	How Often								
Preventer:	_____	_____								
Reliever:	_____	_____								
<p>Yellow Level: Worsening Asthma*</p> <ul style="list-style-type: none"> • Symptoms at night • Cold symptoms • Symptoms worse with exercise <hr/> <p>Peak Flow Reading: _____ to _____ (65% - 80% of personal best)</p>	<p>What should I do?</p> <ul style="list-style-type: none"> • Increase your preventer to _____ puffs, _____ times a day _____ (7 or 14 days), or until peak flow returns to _____ • Take extra reliever inhaler as needed up to _____ • Continue with other regular treatments. • Measure your peak flow _____ times daily 									
<p>Orange Level: Severe Asthma*</p> <ul style="list-style-type: none"> • Asthma symptoms at rest • Little relief from reliever medication • Symptoms worse with exercise • Peak flow readings not improving with inhaler <hr/> <p>Peak Flow Reading: _____ to _____ (50% - 65% of personal best)</p>	<p>What should I do?</p> <ul style="list-style-type: none"> • Contact your doctor <p>AND</p> <ul style="list-style-type: none"> • If Prednisone has been prescribed for you, take _____ mg (_____ tablets) at once and then each morning for _____ days • Take extra reliever as needed 									
<p>Red Level: Dangerous Asthma*</p> <p>DANGER SIGNS</p> <ul style="list-style-type: none"> • Sudden severe attack of asthma • No relief with reliever medication • Difficulty speaking, or • Feel faint or frightened, or • Feel yourself getting worse <hr/> <p>Peak Flow Reading: _____ to _____ (less than 50% of personal best)</p>	<p>What should I do?</p> <ul style="list-style-type: none"> • If you have any of the DANGER SIGNS OF ASTHMA: <p style="text-align: center;">GET MEDICAL HELP IMMEDIATELY</p> <ul style="list-style-type: none"> • Use your reliever as much as you need to on the way to the doctor or hospital <p style="text-align: center;">DIAL 911 FOR AN AMBULANCE</p>									

LEVELS OF ASTHMA CONTROL [§]			
Characteristic	Controlled (All of the following)	Partly Controlled (Any measure present in any week)	Uncontrolled
Daytime symptoms	None (twice or less/week)	More than twice/week	Three or more features of partly controlled asthma present in any week.
Limitations of activities	None	Any	
Nocturnal symptoms/awakening	None	Any	
Need for reliever/rescue treatment	None (twice or less/week)	More than twice/week	
Lung function (PEF or FEV ₁) *	Normal	< 80% predicted or personal best (if known)	
Exacerbations	None	One or more/year [†]	One in any week [‡]

* Lung function testing is not reliable for children 5 years and younger.

[†] Any exacerbation should prompt review of maintenance treatment to ensure that it is adequate.

[‡] By definition, an exacerbation in any week makes that an uncontrolled asthma week.

[§] Table used with permission from *Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma (GINA) 2008*. Available at: <http://www.ginasthma.org>